

Heat Injury Risk Management

Presenter's Name

Presenter's Command

Local Contact Information

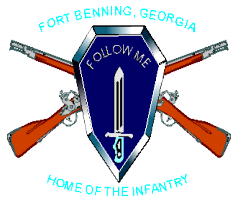
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Provided by

US Army Center for Health Promotion and Preventive Medicine

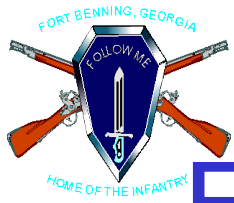
<http://chppm-www.apgea.army.mil/>

Mar 2004



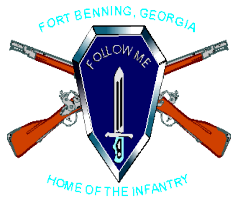
Outline

- Five steps of heat injury risk management
- Exertional heat injuries
- Water intoxication



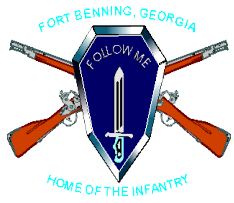
Five Steps of Heat Injury Risk Management

- Identify hazards
- Assess hazards
- Develop controls
- Implement controls
- Supervise and evaluate



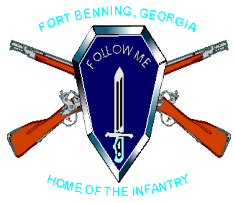
Heat Injury Hazards are Cumulative

- H- Heat category past 3 days
 - E- Exertion level past 3 days
 - A- Acclimation/ other individual risk factors
 - T- Temperature/rest overnight
-
- Cluster of heat injuries on prior days=
HIGH RISK



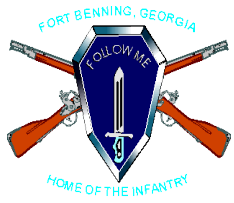
Acclimation

- Acclimation guide for elite schools on CHPPM website
- Acclimation requires aerobic exercise in warm environment. Simply being outside doing normal activities is not sufficient



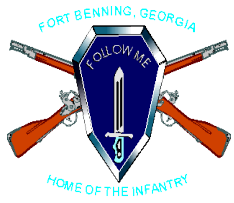
Individual Risk Factors

- Poor fitness (2 mi run > 16 min)
- Large body mass
- Minor illness
- Drugs (cold and allergy, blood pressure)
- Highly motivated



Individual risk factors

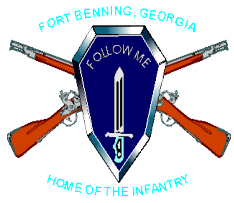
- Supplements- ephedra
- Recent alcohol use
- Prior heat injury
- Skin problems- rash, sunburn, poison ivy
- Age>40



Hydration/Salts

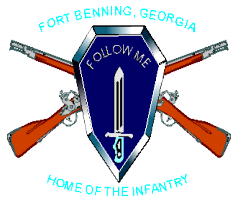
- Buddy system
- Track canteens with 550 cord or pace count cord
- Land nav- place water points at objectives
- Electrolyte drinks
- Monitor meal intake





Impact of dehydration

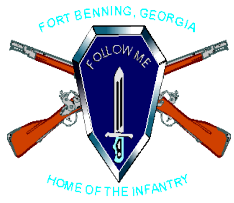
- Degrades performance
 - 4% dehydration degrades performance 50%
- Increases core body temp
 - Every 1% increases core temp .1-.23 C



Risk Mitigation

Avoid Heat Loading

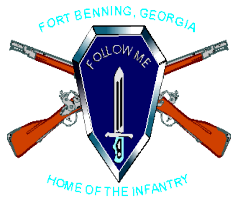
- Modify schedule- time of day, rest
- Clothing- no t-shirt, kevlar
- Formations:
 - Wide spacing
 - Shade soldiers whenever possible
- Cumulative- avoid strenuous back-to-back events



Risk Mitigation

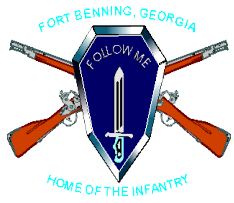
Dump heat load

- Cool overnight temp
- Cold showers



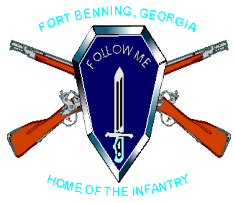
Develop Controls

- All unit leaders must be familiar with heat injury prevention and recognition
- Mark Soldiers who are high risk
- Ensure water points accessible/ utilized



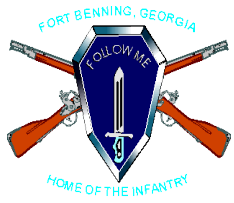
Other Controls

- Track Wet Bulb Globe Temp (WBGT)
- Track hydration of Soldiers
- Fluid replacement/ work/ rest guidelines
- Keep urine clear



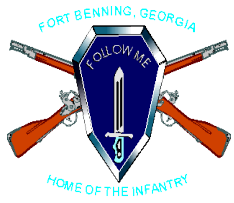
Implement controls

- Enforce policies
- Spot check junior leaders
- If 1-2 soldiers suffer heat injury-
stop training and assess situation



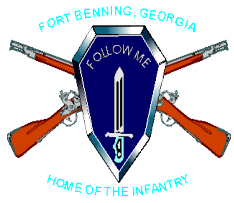
Symptoms of mild injury

- Dizziness
- Headache
- Nausea
- Unsteady walk
- Weakness
- Muscle cramps
- These folks need rest, water, evaluation
- These are your “canaries in the mine”



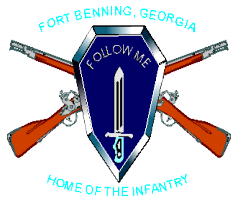
Mild heat injury management

- Rest soldier in shade
- Loosen uniform/ remove head gear
- Have soldier drink 2 quarts of water over 1 hour
- Evacuate if no improvement in 30 min, or if soldier's condition worsens



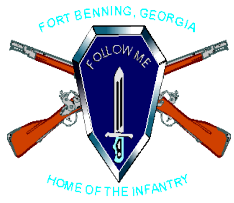
Heat Stroke

- Abnormal brain function- elevated body temperature
- Examples:
 - Confused
 - Combative
 - Passed out
 - Sudden death



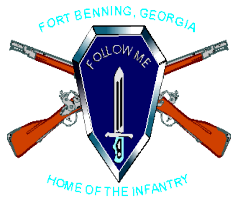
Heat Stroke

- When a soldier's brain isn't working correctly- **COOL** and **CALL**
- Treat any soldier who develops abnormal brain function during warm weather activity as a heat stroke victim
- The sooner a victim with heat stroke is cooled, the less damage will be done to his brain and organs



Pre-hospital care

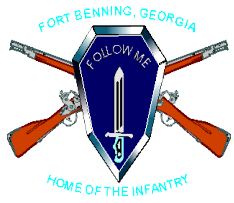
- Cooling is first priority- can reduce mortality from 50% to 5%
- Drench with water
- Fan
- Iced sheets
- Massage large muscles while cooling
- Stop if shivering occurs



Rapid cooling

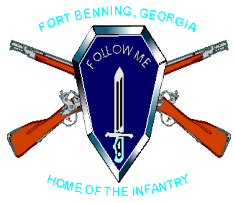
- Cover as much exposed skin as possible with the cold, icy sheets.
- Also cover the top of the head
- When sheets warm up, put them back into cooler and then reapply





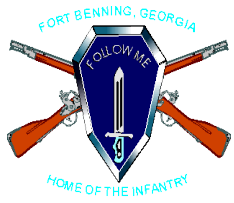
Evacuation criteria

- Vomits more than once
- No improvement after 1 hour of rest and hydration
- General deterioration
- Loss of consciousness/ mental status changes
- Evacuate any soldier who requires cooling with iced sheets due to abnormal brain function to the MEDDAC ER



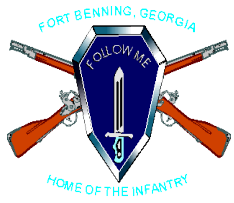
Water intoxication

- Usually occurs in TRADOC units
- Mental status changes
- Vomiting
- History of large volume of water consumed
- Poor food intake
- Abdomen distended/bloated
- Copious clear urine



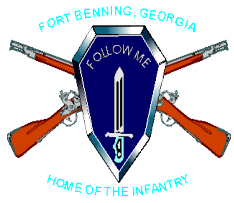
Summary

- Five steps of heat injury risk management
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Scenario

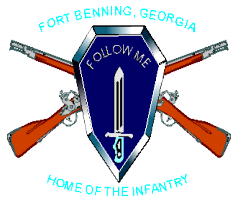
Awake victim- muscle cramps/headache



Scenario

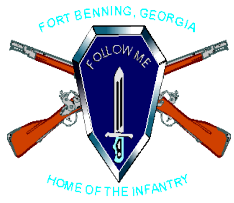
Awake victim- muscle cramps/headache

- Move to shade/ or air conditioning
- Remove outer layer of clothing/
headgear
- 2 canteens of water over 1 hour



Scenario

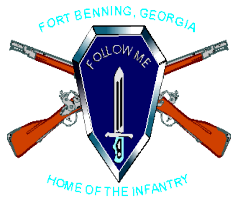
Awake victim- abnormal behavior



Scenario

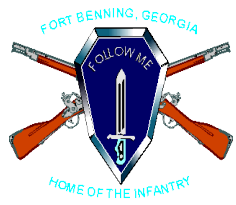
Awake victim- abnormal behavior

- Move to shade
- Remove outer layer of clothing
- Call for evacuation
- Begin rapid cooling- iced sheets
- May start IV after evacuation and cooling started

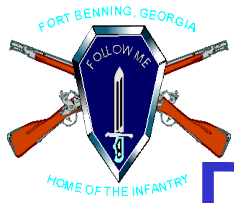


Additional Information

- Heat injury prevention posters
- Risk management worksheet and video
- CHPPM website
- TRADOC Website
- Evacuation algorithm



Questions?



Drugs that Interfere with Thermoregulation

- Antihistamines (benadryl, atarax, ctm)
- Decongestants (sudafed)
- High Blood Pressure (diuretics, beta blockers)
- Psychiatric Drugs (tricyclic antidepressants, antipsychotics)